Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

|  |  | CLAIMS A                                  | S FILED -    | - PART I   |                  | •                        | S                   | MALL E            | CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN |                   |                |                        |  |  |  |  |  |  |  |  |
|--|--|---|--------------|--|------------------|--------------------------|---------------------|-------------------|--|-------------------|----------------|------------------------|--|--|--|--|--|--|--|--|
| _  |  |   | (Column      | <u>11)</u>                                       | (Colu            | (Column 2)               |                     | TYPE              |  | OR                |                |                        |  |  |  |  |  |  |  |  |
| T  | OTAL CLAIMS                                    | <i>Y</i>                                  | 2            | 8  |                  |                          | [                   | RATE              | FEE  | 7                 | RATE           | FEE                    |  |  |  |  |  |  |  |  |
| FC   | OR   |   | NUMBER       | FILED  | NUME             | BER EXTRA                | В                   | BASIC FEE         | 385.00   | OR                | BASIC FEE      | 770.00                 |  |  |  |  |  |  |  |  |
| TC   | OTAL CHARGE                                    | ABLE CLAIMS                               | 28mir        | inus 20= '                                       | - 8              |                          |                     | XS 9=             |  | OR                | X\$18=         |                        |  |  |  |  |  |  |  |  |
| IN   | DEPENDENT C                                    | LAIMS                                     | 2 m          | ninus 3 =  | سر .             | 0                        |                     | X43=              |  | OR                | Y00            |                        |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |              |  |                  |                          |                     | +145=             | <u> </u>   | 1                 |                |                        |  |  |  |  |  |  |  |  |
| * If   | the difference                                 | e in column 1 is                          | less than ze | zero, enter "0" in column 2                      |                  |                          | L                   | TOTAL             | 457  | OR<br>OR          | TOTAL          |                        |  |  |  |  |  |  |  |  |
|  | C  | CLAIMS AS A                               | MENDEL       | ) - PART   | r II             |                          |                     | 10175             | 147+   | Jon               | OTHER          | THAN                   |  |  |  |  |  |  |  |  |
|  |  | (Column 1)                                | 11012112     | (Column 2) (Column 3)                            |                  |                          |                     | SMALL E           | ENTITY   | OR                | SMALL E        |                        |  |  |  |  |  |  |  |  |
| AMENDMENT A  | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO             | ER<br>USLY       | PRESENT<br>EXTRA         |                     | RATE              | ADDI-<br>TIONAL<br>FEE                           |                   | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |
| NON  | Total  | *   | Minus        | **   |                  | =                        | $\ \cdot\ _{-}$     | XS 9=             |  | OR                | X\$18=         |                        |  |  |  |  |  |  |  |  |
| AME  | Independent                                    | *   | Minus        | ***  |                  | -                        |                     | X43=              |  | OR                | X86=           |                        |  |  |  |  |  |  |  |  |
|  | FIRST PHESE                                    | ENTATION OF MU                            | JETIPLE DE-  | 'ENDENT  | CLAIM            |                          | '                   | +145=             | 1  | OR                | +290=          |                        |  |  |  |  |  |  |  |  |
|  |  |   |              |  |                  |                          | L                   | TOTAL             |  | ┨ <sub>╱</sub> ╴┖ | TOTAL          |                        |  |  |  |  |  |  |  |  |
|  |  | (Column 1)                                | AU           | DIT. FEE L                                       |                  | 10                       | ADDIT. FEE <b>L</b> |                   |  |                   |                |                        |  |  |  |  |  |  |  |  |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | (Columi<br>HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>ER<br>USLY | PRESENT EXTRA            |                     | RATE              | ADDI-<br>TIONAL<br>FEE                           |                   | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |
| <b>AMENDMENT</b>   | Total  | *   | Minus        | **   |                  | =                        | ; ] [               | X\$ 9=            |  | OR                | X\$18=         |                        |  |  |  |  |  |  |  |  |
| AME  | Independent                                    | *   | Minus .      | ***  |                  | =                        |                     | X43=              |  | OR                | X86=           |                        |  |  |  |  |  |  |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |  |                  |                          |                     | 145=              |  | OR                | +290=          | -                      |  |  |  |  |  |  |  |  |
|  |  |   |              |  |                  |                          |                     | TOTAL             |  |                   | TOTAL          | •                      |  |  |  |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |  |                  |                          |                     | DIT. FEE <b>L</b> |  | Un p              | ADDIT. FEE     |                        |  |  |  |  |  |  |  |  |
| ENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO            | ST<br>ER<br>JSLY | (Column 3) PRESENT EXTRA | F                   |                   | ADDI-<br>TIONAL<br>FEE                           | ſ                 | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |
| AMENDMENT  | Total  | *   | Minus        | **   |                  | =                        | ×                   | <b>(\$</b> 9=     |  | OR                | X\$18=         |                        |  |  |  |  |  |  |  |  |
| AME  | Indep ndent                                    | L   | Minus        | ***  |                  |                          |                     | X43=              |  | OR                | X86=           |                        |  |  |  |  |  |  |  |  |
| _1   | FIRST PRESE                                    | NTATION OF MU                             | LTIPLE DEP   | ENDENT C   | LAIM             |                          |                     | 145_              |  |                   | +290=          |                        |  |  |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |              |  |                  |                          |                     |                   |  | OR L              | +29U=<br>TOTAL |                        |  |  |  |  |  |  |  |  |
| **If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, enter *20.*  ***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter *3.*  The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |  |                  |                          |                     |                   |  |                   |                |                        |  |  |  |  |  |  |  |  |